

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
101049733  
APPLICANT(S)

FILING DATE

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1		1		
2		1		
3		1		
4		1		
5		1		
6		1		
7		1		
8		1		
9		1		
10		1		
11		1		
12		1		
13		1		
14		1		
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39		1		
40		1		
41		1		
42		1		
43		1		
44		1		
45		1		
46		1		
47		1		
48		1		
49		1		
50		1		
TOTAL IND.		2		
TOTAL DEP.		14		
TOTAL CLAIMS	16			

IND.	DEP.	IND.	DEP.	IND.	DEP.
51					
52					
53					
54					
55					
56					
57					
58					
59					
60					
61					
62					
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93					
94					
95					
96					
97					
98					
99					
100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS	16				

BEST AVAILABLE COPY